DOCUMENT RESUME

ED 438 079 PS 028 281

AUTHOR Epstein, Heitzi
TITLE A Child Advocate's Guide to State Child Protective Services Reform. Issue Brief.
INSTITUTION National Association of Child Advocates, Washington, DC.
SPONS AGENCY Edna McConnell Clark Foundation, New York, NY.
PUB DATE 1999-00-00
NOTE 9p.
AVAILABLE FROM National Association of Child Advocates, 1522 K St., N.W., Suite 600, Washington, DC 20005-1202 (Free for small quantities, nominal charge for bulk orders). Tel: 202-289-0777, ext. 200. For full text: http://www.childadvocacy.org/publicat.html.
PUB TYPE Opinion Papers (120) -- Reports - Descriptive (141)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Change Strategies; Child Abuse; Child Neglect; *Child Welfare; Criticism; Family Problems; Models; *State Action
IDENTIFIERS Child Protection; *Child Protective Services; Paradigm Shifts; *Reform Efforts

ABSTRACT

This issue brief from the National Association of Child Advocates provides background on traditional child protective services (CPS) systems, including weaknesses of the traditional CPS model, and describes the underlying philosophy and practical application of the CPS reform models that are being implemented in a number of states. Key elements of CPS reform systems are: (1) multi-tiered response; (2) family assessment; (3) community-based case workers; (4) changing role of the central child abuse registry; and (5) community collaboration. The brief also analyzes the differences between various state reform initiatives and illustrates some of the challenges experienced by these first efforts. Initiatives in Jacksonville, Florida; St. Louis, Missouri; Cedar Rapids, Iowa; and Louisville, Kentucky are described. Drawing on these lessons, the brief offers an "Advocate's Checklist for Implementation of Child Protective Services Reform," which provides a framework for advocates to use to participate in designing a CPS reform initiative that will best fit the resources, needs, and political realities of their individual communities. The philosophy behind CPS reform efforts offers a promising response to the deficits in traditional CPS practice, because it is shaped by the premise that CPS must service families both when they are at risk for neglect and abuse, and after neglect and abuse have already occurred. (EV)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ISSUE Brief

National Association of Child Advocates

Winter 1999

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 438 079

A Child Advocate's Guide to State Child Protective Services Reform

Heitzi Epstein, NACA Child Welfare Project Director

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Nancy S. Scotyers

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Child advocates have witnessed the growing crisis in child protection as the number of children and families involved in child welfare systems has grown out of proportion to the services available for this population.

State child welfare agencies, armed with too few resources and outdated approaches, have openly acknowledged the need for systemic reform. A reform agenda is emerging, and with it an opportunity for child advocates to help shape a new model for child protection in their states and communities. This issue brief provides background on traditional child protective systems, describes child protection reform efforts in states around the country, and raises questions for child advocates to consider as they move child protective services reform forward in their own states.

Introduction

Vulnerable children in this country are being harmed at an alarming rate. In 1996, over three million children were reported to have been abused or neglected. Nearly one million of these children were confirmed to be victims of maltreatment.[2] An estimated 1,077 children died in 1996 as a result of abuse and neglect: that averages to approximately three children per day. Between 1987 and 1996, reports of child abuse and neglect increased forty-five percent.[3] This increase in need has not been matched by a commensurate increase in child protection staff or resources. Consequently, child protection systems (CPS) have only been able to serve a dwindling percentage of the children and families that have come to their attention. For example, while state child protection agencies across the country investigated fifty-one percent of the reports of suspected abuse/neglect in 1986, by 1996 only thirty-three percent of such reports were investigated.[4] A recent analysis of child welfare caseload dynamics found a dramatic decrease in the number of children receiving child welfare services between 1977 and 1994.[5] According to the 1997 Annual Fifty State Survey conducted by the Center on Child Abuse Prevention (CCAP), an estimated 316,200 confirmed cases of child abuse or neglect received no services whatsoever in 1997.[6]

AN AVERAGE OF THREE CHILDREN A DAY DIE AS A RESULT OF CHILD ABUSEAND NEGLECT[1]

The failure of state systems to adequately protect children is also reflected in the number of children known by their state agency to be at risk who, nonetheless, die as a result of abuse or neglect, and in the number of states operating their CPS systems under court order or consent decree. The reason for this failure is clearly linked to the paucity of resources appropriated for staff, training, and services to children and families. In addition to insufficient funding, a number of characteristics of the traditional child protective system contribute to its ineffectiveness. Among these are the following: (a) the response to reports of abuse/neglect is limited to investigation of the specific incident reported; (b) the agency has only one type of response available to widely varying situations; (c) the one available response places the family in an adversarial relationship with the social service agency responsible for providing support; and (d) services are only made available to families for whom allegations of abuse/neglect have been confirmed, and only after what can be a lengthy investigatory period.

BEST COPY AVAILABLE

Weaknesses of Traditional CPS Model

A number of weaknesses have been identified in the conventional CPS model as it has been implemented over the past fifteen years. Among them are the following:

Over Inclusion - Many families who come to the CPS agency's attention don't belong there and could be helped by less formal family supports.

Under Inclusion - Some families who are appropriately referred to CPS are turned away because their situations don't fall within the strict statutory definitions of abuse or neglect, or because case workers are too overburdened with high caseloads to look at each case in sufficient depth. Some families who should be referred to CPS are not because potential reporters have lost confidence that reporting will result in an improved outcome for the child or the family.

Bureaucratic Rigidity - The range of interventions available to CPS workers is too limited to effectively respond to the needs of many of the involved families. The investigatory approach, narrowly focused on the alleged incident, leaves no room to address underlying causes of the maltreatment that may become apparent during the caseworker's interaction with the family (e.g., unemployment, drug or alcohol abuse, housing problems). The system has evolved in a way that emphasizes following procedure and filling out forms rather than achieving positive outcomes for vulnerable children and families.

Isolation of CPS Agency - Protecting children is seen as the exclusive responsibility of the CPS agency. Community-based organizations and individuals that have frequent contact with families are not involved in planning or implementing strategies that can support families and prevent abuse. CPS workers are typically housed in centralized government office buildings located outside of residential neighborhoods, and are often unfamiliar with local conditions and resources such as neighborhood-based organizations, extended family, and other informal supports.

Orientation - The focus of a CPS investigation is a family's weaknesses, with no regard for family strengths. Treatment plans are prepared by CPS and imposed by courts with little or no input from families. This leaves families feeling patronized and devalued, can rob the planning process of important information, and misses an opportunity to invest participants in the plan's success.

Fragmentation of Services - Many of the families served by the CPS system are also receiving services from other state and local agencies (e.g., health, mental health, housing, income supports). Families are caught in a maze of agencies whose caseworkers have little or no communication, and whose services are not coordinated to provide the families with a full array of needed supports.

Worker Turnover - Front-line CPS caseworkers carry heavy caseloads, do not receive adequate training or compensation, and often operate in a hostile work environment. Over seventy percent of the child welfare agencies responding to a 1997 survey conducted by the AFL-CIO reported that front-line workers in their agencies have been victims of violence or encountered threats of violence in the line of duty.[11] Caseworkers are underpaid relative to the skill level and work hours demanded of them. Consequently, most CPS agencies have extremely high worker turnover, which results in a workforce with little experience and causes additional disruption for children and families being served.

Lack of Resources - Because the increase in child abuse and neglect reports has not been met with the necessary increase in resources, most CPS agencies are able to investigate a dwindling percentage of reports of abuse and neglect, and only have resources to provide intervention for a decreasing percentage of those reports that have been substantiated.

Beginning in the mid-nineties, a number of states began experimenting with a new approach to child protection designed to address some of these negative characteristics. These reform efforts have, in large part, been implemented in small-scale pilot projects in a number of states across the country. As a growing number of communities have struggled to improve their child protection systems, a reform agenda has begun to develop with the following shared characteristics:

- the focus of intervention is on the whole family
- different responses are available for different levels of risk to the child
- the focus of the response is the family's overall situation, rather than solely the incident reported
- troubled families are provided with support services even in the absence of a finding of abuse/neglect
- networks of family, friends, neighborhoods and faith communities are enlisted to help protect children and support troubled families
- outcomes of interventions are evaluated

Most of the CPS reform pilots have been in place for fewer than four years. The first full, independent evaluation of any is expected in the year 2000.[7] As lessons are gleaned from these pilots, child advocates have an opportunity to assess the benefits

and risks suggested by the new approaches. Through such a review, child advocates can move the process of reform forward more effectively, avoid unintended negative consequences of reform efforts, and tailor CPS reform in their states in light of research findings and the resources and needs of their communities.

Traditional CPS

Child protective services is the "front door" through which children and families at risk come to the attention of the state social services system. State laws define what actions constitute child abuse and neglect and specify certain professionals as required ("mandated") to report suspected child abuse or neglect to the state's designated agency. Mandated reporters are generally professionals in the fields of social work, medicine, law enforcement, education, and childcare. State laws prescribe the state CPS agency's functions and define the relationship between CPS and law enforcement.

An understanding of the structure of the "traditional" or "investigatory" model for delivery of CPS services is helpful to appreciate the innovative aspects of the new approaches. Under the traditional model, the state CPS agency receives reports of alleged child maltreatment. Reports that fall within the state's definition of child abuse or neglect are referred for investigation. If a report involves criminal activity (such as sexual abuse) the appropriate law enforcement agency is notified and may, depending upon the state, participate in the child protective investigation, or may take over the entire investigation. The CPS investigator sees the child, may interview family members and others who have information about the alleged abuse/neglect, and makes a risk assessment of the child's safety in the home. Where the CPS caseworker judges a child to be in substantial risk of imminent harm[8], the caseworker arranges for an emergency removal of the child from the home.

Following an investigation, a report is classified as "substantiated" or "unsubstantiated".[9] Substantiated reports are entered on the state's central child abuse registry, where the information may be accessed both for purposes internal to CPS (such as gathering information in subsequent investigations), and by other state agencies to screen applicants for licenses or jobs that involve contact with children. Unsubstantiated reports may, depending upon the state, remain in the records of the state agency for use in subsequent investigations, or may be expunged. No follow-up or services are provided to children or families of unsubstantiated reports.

The State agency then decides which substantiated cases to bring to family court for a judicial determination of abuse or neglect. For cases in which the court finds that abuse or neglect has occurred, the state agency recommends a service plan, which may include services for the child and/or family. Due to the overload of cases on the system, service plans are not developed for a large percentage of cases.[10]

Elements of CPS Reform

Underlying the systemic problems of the traditional CPS system is the severe lack of resources to serve the growing child welfare population. The systemic reforms described below assume an increase in investment in services and supports for these vulnerable children and families both by state systems and by community-based organizations.

Only a handful of states have undertaken CPS reform initiatives: Arizona, Florida, Hawaii, Iowa, Kentucky, Missouri, Nevada, North Dakota, Texas, and Virginia. The CPS reform initiatives that have been implemented since the mid-1990s are designed with the recognition that the first contact with the child welfare system can be an opportunity to identify families who are at risk of abuse/neglect before maltreatment occurs. The twin goals of these reform efforts are to create a child protection system which: (1) has the capacity to respond to incidents of actual abuse/neglect by protecting the child (through removal from the home where necessary); and (2) also has the capacity to provide services to support families who are at risk so that their children can safely remain at home.

Multi-Tiered Response - Some CPS reform initiatives have instituted a system with two formal responses ("tiers"), others have adopted three "tiers," still others have one response capable of flexibility depending upon the situation presented by the family in question.

In a multi-tiered response system, as reports of abuse or neglect are received, they are evaluated and referred to the appropriate response: high-end cases (sexual abuse, severe physical abuse and neglect) continue to receive the traditional investigation; mid-level cases receive a family assessment and referral to services through CPS; and low-end cases (failure to supervise, educational neglect) receive a family assessment and referral to community-based services. In most multi-tiered systems there is a procedure for switching a case from one tier to another if parental behavior or new information makes that appropriate.

Family Assessment - The key component for all of these reform efforts has been the introduction of the family assessment, a flexible response to reports of neglect and abuse that is designed to allow CPS to individualize its approach to each child and family situation and to provide appropriate supports for all vulnerable families. While in a traditional CPS investigation the case worker serves the semi-prosecutorial role of obtaining facts necessary to support a legal finding of abuse or neglect, in an assessment the role of the case worker is to determine whether, given the strengths and needs of the family, services can be provided to allow the child to safely remain in the home.

Under the family assessment model, the family is eligible for supportive services when the assessment is initiated, and the family plays an integral role in deciding what kind of services they should receive. A family assessment does not culminate in any formal finding. Assessment cases are generally not recorded on the central child abuse registry, and the information gathered by CPS is not used by employers to screen applicants for child-related jobs.

States have implemented the family assessment in their CPS reform efforts in a number of different ways. Missouri and Virginia have instituted a multi-tiered response system in which the family assessment comprises the middle tier and is used for reports involving moderate, first-time, non-criminal physical and emotional maltreatment and educational neglect. In North Dakota, the CPS agency is limited to the assessment response, and more serious cases of child abuse and neglect are referred to law enforcement for prosecution.[12] In Iowa, the CPS agency combines approaches, responding to reports with an assessment that includes a fact-finding component.[13]

Community-Based - CPS reforms have included the physical placement of CPS case-workers within communities. This proximity serves both to make the case workers more accessible, and to give them access to information about family and other informal supports for the children and families that they are serving. Placing CPS staff in communities requires a decentralization of CPS functions.

Role of Central Child Abuse Registry - States have chosen different approaches to the role of the central child abuse registry in their CPS reform initiatives. Central registries were established to facilitate in monitoring reports of suspicious injuries to determine whether there was a pattern of parental abuse or neglect. Information from the registry has also been used to screen applicants for employment or licenses in child-related professions. Within their CPS reform pilots, Missouri and Virginia do not classify cases that are referred for assessment and do not enter those cases on their central registries, but have retained the traditional role of the registry for cases referred for investigation. Florida eliminated any classification of abuse reports as founded or unfounded and no longer uses the registry for background checks. (By doing so, Florida has removed the incentive for subjects of reports to seek expungement, thereby preserving information that might be valuable internally to CPS in any subsequent child abuse or neglect investigation.)

Community Collaboration - A strategy shared by all of the CPS reform initiatives is to involve community organizations, neighbors, extended family members, friends, hospitals, schools, churches, neighborhood organizations, and mental health providers in protecting children from abuse and neglect. The collaborative efforts of a given community depend upon the unique needs and resources of that community.

Community Collaboration In Community Partnerships for Protecting Children Sites

A number of good examples of collaborative efforts that have been undertaken between CPS agencies and communities are presented in the four sites of the Edna McConnell Clark Foundation's Community Partnerships for Protecting Children initiative.[14] The goal for the four sites was not to develop a single model for collaboration, but, rather, to allow each site to develop community partnerships with its public agency using resources and strategies most likely to provide a full array of services for vulnerable neighborhood children and families. The Clark Foundation made the commitment to provide additional resources as seed money to encourage the development of community resources as a critical component of the initiative.

I. Jacksonville, Florida

The child protection initiative in Jacksonville, Florida is structured to provide children at risk of abuse or neglect in the five participating neighborhoods with medical and social services at Full Service Schools. The major components to the initiative include:

1 *Integrated Service Teams* - Workers from CPS, public health, family support, juvenile justice and income support services are co-trained to link families with services.

2 *First Call* - Calls received by the state central child abuse hot line that do not meet the criteria for investigation are transferred to *First Call*, a line which channels referrals to a Full Service School liaison. Outreach workers stationed at the Full Service Schools contact the families to link them with appropriate services and supports within the community.

3 *Community Support Agreement* - Community volunteers (ministers, friends, neighbors, and extended family members) commit to helping families who have been referred to the CPS agency. The state agency then closes the case but is available to consult with the community volunteers.

4 *Community Public Education and Awareness* - The initiative provides child safety education to community residents at community forums, fairs, and other events. Training is provided to child care workers and teachers to identify abuse and neglect and to refer families to neighborhood resources.

II. St. Louis, Missouri

Missouri implemented a three-tiered CPS response system in a pilot project in fourteen counties and parts of St. Louis. Like Jacksonville, the St. Louis site is using schools as focal points for community collaboration. Child protection activities planned for this site include the following:

1 *Changes to CPS Practice* - CPS workers are stationed at school-based Family

Support Centers to handle cases from the neighborhood. They also work out of child care centers to conduct assessments of children who attend the centers and who have been reported as victims of abuse or neglect.

2 *Family Support Centers* - Family Support Centers based in neighborhood schools provide services and activities for families (youth programs, parent support groups, respite childcare, family counseling and housing assistance). Community and family support specialists develop intake processes, supervise community outreach workers and assist CPS in diverting families from formal involvement with CPS. Computerized information systems index family supports in adjacent neighborhoods so that families can be referred.

3 *Birth/Prenatal to Five Project* - Local hospitals screen new mothers and refer high-risk cases to staff at Family Support Centers for follow-up home visits and provision of ongoing support. New mothers are also linked with "Block Moms," who are available for advice and mentoring.

4 *K to Fifth Project* - School-based parent liaisons contact families of absentee children and connect school social workers with CPS workers based at Family Support Centers.

III. Cedar Rapids, Iowa

Iowa chose not to implement a multi-tiered response system but, rather, to institute a single response with elements of both family assessment and investigation. The focus of the Cedar Rapids, Iowa initiative is the installation of Family Resource Centers (FRC) in three distressed neighborhoods. There are five components to the initiative:

1 *CPS Assessors* - CPS workers conduct assessments of neighborhood families believed to be at risk of abuse or neglect in Family Resource Centers.

2 *Family Support Workers* - These workers are based at Family Resource Centers and non-profit agencies to assist families with a range of issues (parenting, child development, health, and employment).

3 *Community Patches* - Teams of staff with expertise in CPS, housing, health, income maintenance, and family support work in small neighborhood offices serving "patches" of the community. These teams also coordinate services for at-risk CPS-involved families in their neighborhoods.

4 *Neighborhood Partners* - Neighborhood residents are recruited, trained, and given small stipends to organize community gatherings, connect families with one another, and refer families to formal services.

5 *Domestic Violence* - All CPS assessments screen for domestic violence, refer victims to shelters and other services, and develop safety plans for children living with domestic violence.

IV. Louisville, Kentucky

Kentucky has not undertaken legislative CPS reform, and has not implemented a multi-tiered response system. Its reform efforts are focussed on one-stop service centers ("Neighborhood Places") that integrate health, mental health, education and human services in six neighborhood sites. There are four components to the Neighborhood Places:

1 *Natural Helpers* - Extended family, friends and neighbors commit to providing respite care and to visiting with CPS-involved families.

2 *Neighborhood Partners* - Leaders from the community are identified by the initiative to supervise the support work of the Natural Helpers.

3 *Community Resource Teams* - Where a report is received by the Kentucky Abuse Hotline that does not meet the criteria for child abuse or neglect, the caller is referred to the Community Resource Team. A team member visits the family about whom the report was made, assesses family needs and refers the family to appropriate resources (parenting education, mediation, mental health and drug/alcohol treatment, or natural helpers). Community Resource Teams are made up of CPS and other agency workers and trained family support volunteers. A Team may receive direct calls from families and community agencies as well as diverted CPS reports.

Traditional System: Investigation Only	New CPS Approach: Add Family Assessment
Focus is on allegations of abuse/neglect.	Focus is family's needs and strengths.
Emphasis on gathering evidence to prosecute child abuse case.	Caseworker assesses family for risks, strengths, and service needs.
Relationship of caseworker and family is adversarial.	Relationship of caseworker and family should be cooperative.
Cases classified as "substantiated" on central registry.	Cases not classified or placed on central registry.
Services provided only to substantiated child abuse/neglect cases.	Services are voluntary (not ordered by court).
No provision of services to families at risk of child abuse/neglect where report is unsubstantiated.	Provision of services both to families with history of abuse/neglect and to support at-risk families.

4 *Child Protection Coordinator* - A member of the Community Resource Team is responsible for conducting family assessments, developing case plans, and follow-up on families referred to the Team until the families' goals are met.

Evaluating CPS Reform Initiatives

Measuring success in the field of child protection is uniquely challenging. Since states have different criteria for a finding of abuse or neglect, and they use different methods for reporting their data, it is next to impossible to compare systems across states. The changed environment in which vulnerable families live during this time of welfare reform (with reduced access to cash assistance, Medicaid, food stamps, etc.) presents an additional challenge to meaningful comparison of performance by traditional CPS versus multi-tiered CPS systems. Although the new systems have been in place a relatively short time, a few of the reform initiatives have undergone evaluations.

An evaluation of the family services response system (FSRS) in Florida in 1996[15] found generally that FSRS has not compromised child safety, has led to positive outcomes for children and families and is generally supported by caseworkers, administrators and community stakeholders. The evaluation concluded that stakeholder satisfaction with FSRS and the level of family support provided by the new system depended upon the degree of program implementation. Those districts with a high level of implementation had a variety of entry points into services for families seeking help. Services, including prevention and early intervention, were offered by schools, United Way agencies, the Salvation Army, and others. Low implementing districts had made little progress in connecting with community agencies. Challenges for all of the districts included developing mechanisms to evaluate local outcomes, and attracting and retaining families to serve on local advisory boards.

The major findings of the 1997 evaluation of Missouri's Child Protection Services Family Assessment and Response Demonstration[16] included that: the safety of children was not jeopardized; in the less serious neglect and abuse cases the safety of children was improved; although hotline reports declined in pilot areas, the percentage of reported incidents in which child welfare workers provided some assistance to families increased; recidivism decreased overall; workers, families, and community representatives preferred the family assessment approach. The evaluation also concluded that the impact of the demonstration was limited because of large caseloads and insufficient resources.

In a preliminary review of Iowa's CPS reform legislation, the Center for the Study of Social Policy found that there was substantial confusion around the requirements of the assessment legislation, which they attributed to insufficient involvement of stakeholders in planning for the legislation.[17]

Challenges Experienced by Early CPS Reform Efforts

Some of the states that have introduced the assessment model have found that it is difficult to achieve the necessary trust between families and the CPS agency worker where caseworkers from the same agency conduct both assessments and traditional investigations. Understandably, the family may be reluctant to share their areas of need if they believe that such a revelation may be used to transfer their case into a full-blown investigations which could result in removal of their children.

A number of different accommodations have been made to alleviate these tensions. Some states have redefined the role of law enforcement to that of lead investigator for all high-end child protection cases, thereby freeing the CPS worker to conduct assessments. Other states have separated those caseworkers who perform assessments into a separate division of the CPS agency from those conducting investigations, and have placed assessment workers in local community offices while leaving investigators in centralized offices.

Another challenge that has been experienced by jurisdictions initiating CPS reforms is reluctance by different state agencies to work cooperatively due to concern over turf and control. For many state agencies, collaboration is a recent and unfamiliar trend and may require facilitation by an independent state entity, or may require development of a system of conflict resolution by an independent state entity.

As we have seen in the evaluations, some jurisdictions have had difficulty connecting with community organizations to take on provision of prevention and support services. Some neighborhoods may not have such organizations in place, some may have under-funded organizations, some neighborhood organizations may be reluctant to take responsibility for CPS cases due to concerns about potential liability. To facilitate collaboration between the state agency and community groups, all stakeholders must be involved in the development of the reform initiative from the outset.

A critical factor in the success of a multi-tiered response system to CPS reports is adequate funding. As the Missouri evaluation report stated, the impact of CPS reform is undermined if caseloads remain too high and there are inadequate services to meet the needs of the population being served. The assessment approach relies upon the ability of case workers to give each case individual attention, and to have appropriate support services for families.

Advocate's Checklist for Implementation of Child Protective Services Reform

☐ **Should your state implement a flexible response system to reports of child abuse and neglect?**

Considerations:

a Is your state ready to make a commitment to finance the changes required for successful implementation of a flexible response system? (*E.g., retraining caseworkers to perform assessments, relocating CPS staff within communities, adding staff to reduce caseload size, fully funding a continuum of family support services, coordinating with community-based organizations, changing the use of the central child abuse registry.*)

b What would it take to move your state to make this kind of change? (*Information about the cost of implementation? Information about the outcomes reached by CPS reforms in other states? A court finding that your state's CPS system is operating in violation of law? New leadership at the gubernatorial or state legislative level?*)

☐ **Would it be better for your state to implement a flexible response system in pilots or statewide?**

Considerations:

a Is your state better positioned to make this kind of change in a few jurisdictions first, either because reform has limited political support or because of resource considerations?

b Is there political momentum in your state for state-wide change that might not exist in the future (e.g., leadership at your state agency or in your state legislature committed to CPS reform, a foundation interested in financing reform efforts)?

☐ **Should CPS reform efforts in your state move through legislation, regulation, or agency practice?**

Considerations:

a Where are you more likely to find the support necessary to make reform a success?

b Do you need legislation to finance implementation?

☐ **What kind of flexible response system should your state adopt?**

Options:

a Single-tiered response with aspects of both investigation and assessment?

b Two-tiered system with investigation of serious cases and assessment of all others?

c Three-tiered system with investigation of serious cases, assessment and provision of services through state agency of middle level cases, and assessment and referral to community services for lowest-risk cases?

☐ **Should responsibility for investigations be shifted to law enforcement, or to a separate unit within CPS?**

Consideration:

a The relationship of trust between a family and the caseworker necessary for a successful family assessment is difficult to achieve in light of CPS' traditional role of removing children and providing evidence against families in child abuse proceedings. Separating the professionals responsible for investigations and those responsible for assessments, having them dress differently and have offices in different locations, may, to some degree, alleviate this tension. (*Note: this separation is somewhat misleading, since caseworkers conducting assessments are still mandated reporters and could still provide evidence at a removal or termination proceed*

☐ **What criteria should be used to screen cases into the different response categories?**

Considerations:

a The criteria used to screen cases into the different categories must clearly differentiate among the types of cases that should be referred to each tier.

b Training of caseworkers to differentiate among cases that fall into each of the categories must be thorough, should be repeated periodically throughout a caseworker's employment, and should include an on-the-job component in which experienced and new case workers are paired for a period of time.

☐ **What, if any, changes should be made in your state's central child abuse registry?**

Options:

a Should investigations of serious child abuse/neglect and sexual abuse still be classified and entered on the registry?

b Should they be available for background checks?

c Should assessment records be available for internal CPS purposes?
If so, should they be kept indefinitely, or for a specified period of time?

d If multiple assessments indicate significant risk of abuse/neglect by an adult, should a new category be developed to make that information available in a background check?

e If such records are available for extra-CPS use, what provision should be made for appeal and expungement?

☐ **Should your CPS reform protocol include regular reviews of case screening to evaluate whether cases are being referred to the appropriate tier? Should there be external oversight of that review? (E.g., by a legislative committee, a panel of experts, etc.)**

☐ **What resources should be made available to children and families within each tier? What system should be put in place to determine whether available resources are adequate?**

☐ **What is the best mechanism to provide for financial support (state, local, foundation, and private) for development of additional community-based services and supports necessary to serve this population?**

☐ **How should your state structure coordination of services between the various state and local agencies and the community-based organizations that will form the network of services and supports for these children and families?**

☐ **What agency or organization will serve as a hub of information on where and how a given service can be accessed, and on those areas of need for which no services (or inadequate services) exist?**

☐ **What is the best mechanism for periodic or ongoing data collection to determine whether there are adequate services (either through a state agency or a community-based organization) available to serve this population?**

☐ **What mechanism should be used to evaluate outcomes for children and families who have undergone a family assessment and provision of services through this new referral method? Who should be involved in that evaluation? Who should be briefed on this information (e.g., advocates, the press, state legislature, HHS, etc.)?**

BEST COPY AVAILABLE

The Child Advocate's Role In CPS Reform

As these early CPS reform initiatives are evaluated, and models and tools are developed, child advocates have an opportunity to shape CPS reform efforts in their states in a coherent way. The *Advocate's Checklist for Implementation of Child Protective Services Reform* provides a framework for designing a CPS reform initiative that will best fit the resources, needs, and political situations faced by each community.

The challenges experienced by the first CPS reform efforts suggest that, to be effective, child advocates must first become well-informed as to both the needs and the existing resources of their communities. Where community-based organizations are inadequately funded or lack leadership that is capable or willing to provide services and supports to families at risk of abuse or neglect, creating a system of referrals to community-based services will be ineffective and potentially harmful to children and families. A CPS reform agenda can be structured in stages that provide first for development of necessary supports and services and, after an evaluation confirms their adequacy, subsequent creation of a process for referral of children and families.

Child advocates can also play a key role with regard to two of the other areas in which early reform efforts encountered challenges, namely inclusion of all stakeholders in the development of a reform agenda, and collaboration by all entities providing services to the same family or child. Child advocates are uniquely well positioned to facilitate a partnership of all stakeholders in the development of a CPS reform agenda. They have traditionally worked with children and families, with legislatures and with state agencies. They are aware of all of the players, and have the relationships to bring all of these parties to the table. They also have the skills to promote collaboration between the various public and private providers serving at-risk children and families.

Conclusion

The philosophy behind CPS reform efforts offers a promising response to the deficits in traditional CPS practice. These reform efforts are shaped by the premise that CPS must serve families both when they are at risk for neglect and abuse and after neglect and abuse have occurred, and that CPS must be equipped to respond to different family situations through different remedies.

However, the multi-tiered response to reports of child maltreatment can only be effective if each of the tiers is supported with adequate resources. States must make a commitment not only to developing better child protection systems, but also to arming those systems with the resources necessary to strengthen families and keep children safe. Finally, to create a truly effective reform effort, states must ensure that all stakeholders are at the table from the outset, and that services and supports are coordinated across public and private service providers.

Endnotes

1 U.S. Department of Health and Human Services, Children's Bureau, *Child Maltreatment 1996: Reports from the States to the National Child Abuse and Neglect Data System* (Washington, DC: U.S. Government Printing Office, 1998), p. xi.
2 Ibid.
3 Children's Defense Fund, *The State of America's Children 1997*, p. 65.
4 U.S. Department of Health and Human Services, Children's Bureau, *Executive Summary of the Third National Incidence Study of Child Abuse and Neglect*, September 1996, p.16.
5 The number of children who received services at home declined from 1,244,400 in 1977, to 497,100 in 1994, although comparable numbers of children were in foster care placement in both years. *Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey*, The Center on Child Abuse Prevention Research, a program of The National Committee to Prevent Child Abuse (April 1997).
6 Ibid.
7 The Edna McConnell Clark Foundation expects to receive a full evaluation of its four *Community Partnerships for the Protection of Children* sites in early 2000.
8 The precise standard varies from state to state.
9 Some states use the terms "indicated" or "founded".
10 Whereas 1,244,400 children received in-home services in the United States in 1977, only 497,100 children were provided such services in 1994. *Current Trends*. Pursuant to the Adoption and Safe Families Act, Public Law 105-89, Section 475(1) of the Social Security Act (42 U.S.C.675 (1)) (ASFA), state agencies are now required to prepare a detailed permanency plan for all foster children who the agency does not anticipate reunifying with their families of origin.
11 *Double Jeopardy, Caseworkers at Risk: Helping Kids at Risk: A Report on the Working Conditions Facing Child Welfare Workers*, American Federation of State, County and Municipal Employees, AFL-CIO, 1998, p.5.
12 While Florida is technically a "dual-track" state, regional CPS districts may contract with local sheriffs and police to take over all investigations of criminal child abuse cases.
13 For a more detailed description of state implementation of CPS reform initiatives, see Christian, Stephen M., *New Directions for Child Protective Services: Supporting Children, Families and Communities Through Legislative Reform* (Denver: National Conference of State Legislatures, 1997).
14 For more information on the Edna McConnell Clark Foundation's *Community Partnerships for Protecting Children* initiative, contact Myra Rosenbaum, Program Associate, Program for Children, Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY 10177; 212-551-9100; e-mail: MRosenbaum@emcf.org.
15 Mario Hernandez and Beth Barrett, *Evaluation of Florida's Family Services Response System* (Tampa: Florida Mental Health Institute, 1996).
16 Gary L. Siegel, Ph.D. and L. Anthony Loman, Ph.D., *Child Protection Services Family Assessment and Response Demonstration Impact Evaluation Final Report* (St. Louis, Missouri Institute of Applied Research, 1997).
17 The Center for the Study of Social Policy, *A Review of the Impact of Iowa's Assessment Legislation* (SF 208 and SF 2399)(Washington, DC, CSSP, 1996).

© 1999 by The National Association of Child Advocates

Suggested citation style: Heitzi Epstein
A Child Advocate's Guide to State Child Protective Services Reform.
Washington, DC: National Association of Child Advocates, 1999

This document was prepared with the generous support of the Edna McConnell Clark Foundation.

The author would like to thank Sarah Knutson, Intern, for her research assistance.

Heitzi Epstein, *NACA Child Welfare Project Director*

National Association of Child Advocates
1522 K St., NW • Suite 600 • Washington, DC 20005
202-289-0777, Ext. 207 • 202-289-0776 (fax)
epstein@childadvocacy.org • www.childadvocacy.org

BEST COPY AVAILABLE